

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09781615</div>		FILING DATE <div style="font-size: 1.2em;">02/09/01</div>		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
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TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	5		5				TOTAL DEP.				
TOTAL CLAIMS	8		8				TOTAL CLAIMS				